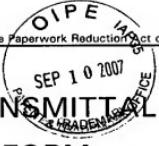


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

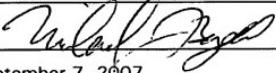
 TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/523,322
		Filing Date with an effective filing date of July 28, 2003
		First Named Inventor Yves ROESCH
		Group Art Unit 3652
		Examiner Name Gregory W. ADAMS Fax: (571) 273-8300
Total No. of Pages in this Submission: 17		Attorney Docket Number NITROF P60AUS

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form [1] <input checked="" type="checkbox"/> Fee attached - Check \$910.00 <input checked="" type="checkbox"/> Amendment/Response [1] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request [1] <input type="checkbox"/> (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard Request for Continued Examination [1]
--	---	---

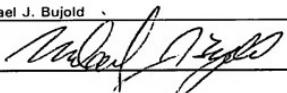
REMARKS**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Michael J. Bujold DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
-------------------------	---	--

Signature		
Date	September 7, 2007	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 7, 2007.

Type or printed name	Michael J. Bujold
Signature	
Date: September 7, 2007 (tac)	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEES TRANSMITTAL
For FY 2006**

 SEP 10 2007
UNITED STATES PATENT AND TRADEMARK OFFICE
IAP32
 Applicant claims small entity status. See 37 CFR 1.16.

TOTAL AMOUNT OF PAYMENT: \$ 910.00

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (4)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50
Each independent claim over 3 (including Reissues)	200
Multiple dependent claims	360

$$\text{Total Claims } \frac{20}{20} - 20 \text{ or HP} = \frac{0}{0} \times \frac{\text{Fee ($)}}{\text{Fee ($)}} = \frac{\text{Fee Paid ($)}}{\text{Fee Paid ($)}}$$

$$\text{Indep. Claims } \frac{3}{3} - 3 \text{ or HP} + \frac{3}{3} \times \frac{\text{Fee ($)}}{\text{Fee ($)}} = \frac{\text{Fee Paid ($)}}{\text{Fee Paid ($)}}$$

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

$$\text{Total Sheets } \frac{-100}{50} = \frac{0}{50} / 50 = \frac{\text{No. of each additional 50 or fraction thereof}}{\text{(round up to a whole number)}} \times \frac{\text{Fee ($)}}{\text{Fee ($)}} = \frac{\text{Fee Paid ($)}}{\text{Fee Paid ($)}}$$

4. OTHER FEE(S)

Other (e.g., late filing surcharge): Petition for One Month Extension of Time 120.00
Request for Continued Examination ("RCE") 790.00

SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018
		Date: September 7, 2007